

Assembly Joint Resolution No. 13

Adopted in Assembly April 24, 2003

Chief Clerk of the Assembly

Adopted in Senate June 16, 2003

Secretary of the Senate

This resolution was received by the Secretary of
State this _____ day of _____, 2003,
at _____ o'clock ____M.

Deputy Secretary of State

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RESOLUTION CHAPTER _____

Assembly Joint Resolution No. 13—Relative to medical cannabis.

LEGISLATIVE COUNSEL'S DIGEST

AJR 13, Leno. Medical cannabis.

This measure would urge the President and Congress of the United States to take specified actions relating to the use of cannabis for medicinal purposes.

WHEREAS, In 1970, Congress passed the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Chapter 13 (commencing with Section 801) of Title 21 of the United States Code), classifying cannabis as a “Schedule I” controlled substance, which means that the drug or other substance has a high potential for abuse, the drug or other substance has no currently accepted medicinal use in treatment in the United States, and there is a lack of accepted safety for use of the drug or other substance under medical supervision; and

WHEREAS, In the intervening 33 years since cannabis was classified as a Schedule I controlled substance, studies have indicated that cannabis is therapeutic in the treatment of a number of serious ailments, and is less toxic and less costly than many conventional medicines for which it may be substituted; and

WHEREAS, A well-established medicinal use of cannabis is as an antinauseant for chemotherapy for cancer treatment for patients who do not respond well to other antinausea medications; and

WHEREAS, A federally commissioned 1999 report by the National Academy of Sciences determined that the active components of cannabis are potentially effective in treating pain, nausea, and AIDS wasting, as well as symptoms associated with other conditions, including multiple sclerosis; and

WHEREAS, The use of cannabis alleviates nausea, vomiting, and loss of appetite experienced by many AIDS patients, without accelerating the rate at which persons who are HIV positive develop clinical AIDS or other illnesses; and

WHEREAS, A 1982 report by the National Academy of Sciences suggested that cannabis reduces interocular pressure in



patients suffering from glaucoma, which is the leading cause of blindness in the United States; and

WHEREAS, Clinical evidence also points to the effectiveness of cannabis as a therapeutic agent in the treatment of a variety of spastic conditions, such as multiple sclerosis, paraplegia, epilepsy, and quadriplegia; and

WHEREAS, The 1999 National Academy of Sciences report noted that cannabis seems to alleviate muscle spasms associated with multiple sclerosis; and

WHEREAS, Researchers from the University of San Francisco have found that the use of cannabis modulates pain signals in much the same way as morphine and other opiates, and the report from the Institute of Medicine of the National Academy of Sciences concluded that cannabis use can produce significant analgesic effects; and

WHEREAS, The results of this research have led the Society for Neuroscience to pronounce that cannabis could relieve the pain of tens of millions of Americans each year; and

WHEREAS, Research indicates that cannabis compounds may protect brain cells during a stroke, and researchers at the National Institute of Mental Health have called compounds in cannabis potent antioxidants, which are relied on by doctors to protect stroke victims from toxic levels of a brain chemical called glutamate; and

WHEREAS, Despite the legal prohibition against physicians prescribing cannabis, many medical oncologists accept cannabis's medical use in treatment and therefore recommend it to patients to ease their pain and suffering; and

WHEREAS, The 1999 National Academy of Sciences report concluded that cannabis is "promising for treating wasting syndrome in AIDS patients," and that for patients who are undergoing chemotherapy and who suffer simultaneously from severe pain, nausea, and appetite loss, "cannabinoid drugs might offer broad-spectrum relief not found in any other single medication," and that "[t]here will likely always be a subpopulation of patients who do not respond well to other medications"; and

WHEREAS, Between 1978 and 1996, legislatures in 34 states and the District of Columbia passed laws recognizing the



therapeutic value of cannabis, and 23 of those laws remain in effect today; and

WHEREAS, Since 1996, nine states have accepted the medical use of cannabis in treatment and have passed laws allowing a seriously ill patient with a recommendation from his or her physician to possess and use cannabis for medicinal purposes; and

WHEREAS, The eight states that have adopted compassionate medical cannabis laws by voter initiative include California, Alaska, Arizona, Colorado, Maine, Nevada, Oregon, and Washington; and

WHEREAS, The Legislature of the State of Hawaii passed a similar medical cannabis law; and

WHEREAS, On November 5, 1996, the people of the State of California adopted the Compassionate Use Act of 1996 (Proposition 215), codified in Section 11362.5 of the Health and Safety Code, in order to allow seriously ill residents of the state who have the oral or written recommendation of a physician to use cannabis for medicinal purposes without fear of criminal liability under state law; and

WHEREAS, These laws do not legalize cannabis or alter criminal penalties regarding the possession or cultivation of cannabis for recreational use, they do not establish a legal supply for patients to obtain the drug, and they do not authorize physicians to prescribe cannabis, which remains classified as a Schedule I drug under California law; and

WHEREAS, These laws merely provide a narrow exemption from prosecution for patients who use cannabis for medicinal purposes; and

WHEREAS, Although these laws protect patients and physicians from state criminal penalties, they do not shield patients or their physicians from federal prosecution; and

WHEREAS, Despite the adoption of this initiative in California, a terminally ill patient may be prosecuted under federal law for possessing cannabis for medicinal use; and

WHEREAS, A majority of Americans support legalizing the medicinal use of cannabis for seriously ill patients, and the results of a March 26, 1999, Gallup poll show that 73 percent of Americans support making cannabis available to doctors so they may prescribe it; and



WHEREAS, Compassion demands that we allow seriously ill citizens of the United States to gain access to, possess, and use cannabis to alleviate their pain and suffering; and

WHEREAS, Medical professionals in our society should not be required to subject themselves to the threat of federal criminal prosecution in order to treat patients with a substance that has been widely accepted by their profession as an effective treatment for certain symptoms or conditions; and

WHEREAS, The Los Angeles Cannabis Resource Center (LACRC) operated, pursuant to a resolution of the City Council of West Hollywood and in accordance with California law as a patients' cooperative that provides medical cannabis to bona fide patients, many of whom are too ill to grow cannabis themselves for medical use; and

WHEREAS, The LACRC operated in cooperation and conjunction with the duly elected Mayor and City Council of the City of West Hollywood, and with the Los Angeles County Sheriff's Department and its duly elected sheriff, in order to provide seriously ill, bona fide patients with cannabis to be used for medicinal purposes; and

WHEREAS, The United States Drug Enforcement Administration, in violation of the will of the California voters, entered the LACRC premises on October 25, 2001, closed down the clinic, and seized property and the confidential medical records of registered patients; and

WHEREAS, The United States Attorney subsequently convened a grand jury to indict the patient-operators of the LACRC, to the detriment of several hundred seriously ill Californians who must now rely on unregulated black-market sources if they wish to access cannabis to treat their symptoms; and

WHEREAS, In July of 2002, Bryan Epis, who was associated with the Chico Medical Marijuana Caregivers, was sentenced to 10 years in prison after a trial in which the federal court judge excluded medical evidence, and Mr. Epis was convicted of conspiracy to grow cannabis; and

WHEREAS, On September 5, 2002, armed agents of the United States Drug Enforcement Administration entered onto the private premises and home of Valerie and Mike Corral, threatening the Corrals and other sleeping patients of the Wo/Men's Alliance for Medical Marijuana in Santa Cruz, California; and



WHEREAS, Federal agents arrested the Alliance directors, handcuffed handicapped patients at gunpoint, and destroyed a cannabis crop intended for the medical treatment of the approximately 250 gravely ill patients of the nonprofit, patient-run cooperative; and

WHEREAS, In February 2003, Edward Rosenthal was convicted in a federal court in California, and thus he could be sentenced to many years in federal prison for growing cannabis starter plants for people who were too ill to start the plants themselves, in violation of federal laws, by a jury whose members have said subsequently that had the federal court allowed discussion of state law and Mr. Rosenthal's deputation by the City of Oakland, they would not have convicted him; and

WHEREAS, There appears to be an ever-quickening pace of arrest, intimidation, and harrassment of bona fide patients, providers, physicians, and caregivers in our state, by the agents of the federal government; and

WHEREAS, Federal authorities have already arrested, detained, or confiscated the property of over 40 California residents, many of whom were working in cooperation with local elected leaders and law enforcement officials under rights given to them under Proposition 215; and

WHEREAS, The federal attorneys and judges responsible for prosecution of California residents and adjudication of medical cannabis cases under federal law have kept from juries evidence that the use of cannabis for medical purposes in certain cases has been in accordance with state statutes and case law; and

WHEREAS, Members of juries comprised of California residents have expressed outrage at the conduct of the federal attorneys and judges, whom the jury members believe actively mislead them, causing them to hand down inappropriate verdicts against defendants who cultivated cannabis in accordance with state laws and local ordinances; and

WHEREAS, This egregious conduct against California residents has led to an undermining of confidence in the courts and the American judicial system; now, therefore, be it

Resolved by the Assembly and Senate of the State of California, jointly, That the Legislature of the State of California respectfully urges the President and Congress of the United States to do all of the following:



(a) Enact legislation that secures a state's right to regulate medical cannabis, allows individual patients to possess and consume medical cannabis, and allows individuals deputized by states and localities to cultivate and distribute medical cannabis appropriately.

(b) Amend the Comprehensive Drug Abuse Prevention and Control Act of 1970 to allow for a medical necessity defense, as suggested by the United States Supreme Court in *United States v. Oakland Cannabis Buyers' Coop.* (2001) 532 U.S. 483.

(c) Review Drug Enforcement Administration policy related to the prosecution and harassment of Californians who are acting in compliance with the provisions of Proposition 215; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the President and Vice President of the United States, to the Speaker of the United States House of Representatives, to the United States Senate Majority Leader, and to each Senator and Representative from California in the Congress of the United States.



Attest:

Secretary of State

